STATE RISK MANAGEMENT FUND NOTICE OF CLAIM

STATE OF NORTH DAKOTA

SFN 50552 (Rev. 6-2003)

Full Name of Claimant					
Home Address			Work Address		
City	State	Zip Code	City	State	Zip Code
Home Telephone Number			Work Telephone Number		

DATE, TIME, AND PLACE OF INCIDENT:

Date:	Time:	Place:

Names of state agency or agencies and state official(s) or employee(s) involved:
Description of the incident:
Description of the injury or loss:
Dollar amount of injury or loss claimed: **please attach any documentation (e.g., medical bills, repair bills, etc.)**

STATE OF NORTH DAKOTA)
) ss.
COUNTY OF)

I hereby swear or affirm that the facts stated above concerning this claim against the State of North Dakota, its agencies, officials, or employees are true and correct.

Dated this _____ day of _____, 200_____.

Subscribed and sworn to before me
this _____ day of _____, 200 _____.

_____
Notary Public

_____
Signature of Claimant

Mail to: Director
Office of Management and Budget
600 E Boulevard Ave Dept 110
Bismarck ND 58505-0400
Telephone: 701-328-4904
FAX: 701-328-7585

For Information Call: Risk Management Division (701) 328-7584

N.D.C.C. Sec. 32-12.2-04 provides that a person bringing a claim against the state or a state employee for an injury shall present a written notice to the director of the Office of Management and Budget within **one hundred eighty (180) days** after the alleged injury is discovered or reasonably should have been discovered.

If your claim is for property damage, please enclose **at least two** estimates for damages with your completed claim form.